

What is claimed is:

1. An comprising:

an elongate tubular member having a proximal end and a distal end, the distal end having a slot which extends proximally;

5 a blade mounted within the slot at the distal end of the elongate tubular member; and

an actuating mechanism having a distal end connected to a proximal end of the blade, and a proximal end operable from the proximal end of the elongate tubular member, the actuating mechanism further comprising a force biasing element, a rotary element, a retaining element, and a release, wherein a force applied to the release slideably rotates the rotary element to engage the release, causing the blade to advance beyond the slot and, when the force is again applied to the release, slideably rotates the rotary element to disengage from the release, causing the blade to retract into the slot.

10 2. The obturator of claim 1, wherein the force biasing element is a spring.

15 3. The obturator of claim 1, wherein the actuating member further comprises a finger-actuated button that is depressed to rotate the actuating mechanism to alternately engage and disengage the retaining element.

20 4. The obturator of claim 1, further comprising an introducer comprising a second elongate tubular member having a proximal end, a distal end, and a lumen therebetween adapted to receive the obturator.

5. A method for introducing a medical device during cardiovascular surgery, comprising the steps of:

providing an elongate tubular member having a proximal end, a distal end,

and a lumen therebetween, the distal end adapted to enter a vessel or cardiac tissue, the

5 proximal end having a longitudinal slot extending distally from the proximal end and a device connector having a first end, a second end, and a lumen therebetween, the lumen adapted to receive a medical device and thereafter release the device, the device connector further comprising an alignment mechanism, and being shaped to engage the proximal end of the elongate tubular member by operation of a release lever;

engaging a medical device in the lumen of the device connector;

inserting the elongate tubular member through an incision into the vessel or cardiac tissue;

inserting the medical device into the lumen of the elongate tubular member and advancing the medical device into the vessel or cardiac tissue;

15 aligning the device connector with the elongate tubular member using the  
alignment mechanism; and

engaging the device connector to the proximal end of the elongate tubular member.

6. The method of claim 5, wherein the vessel is the artery.

20 7. The method of claim 6, wherein the artery is the aorta.

8. The method of claim 5, wherein the cardiac tissue is the right atrium.

9. The method of claim 5, wherein the medical device is selected from the group consisting of a blood filter, an occlusion catheter, an aspirator, an angioplasty catheter, a valveoplasty catheter, an electrode catheter, internal vessel segregating or isolating dams, an endoscopic camera, a pressure monitor, a stent, a graft, a shunt, a perfusion catheter, and endoscopic devices.

10. The method of claim 5, wherein the alignment mechanism comprises an alignment pin on the device connector adapted to engage an alignment slot of the tube tubular member.

11. The method of claim 5, wherein the medical device is a blood filter and  
wherein the method further comprises the steps of:

inserting the blood filter through the lumen of the elongate tubular member; and

applying a cinch strap around the circumference of the vessel to achieve  
initial contact between the expanded filter and the vessel lumen.

12. The method of claim 5, further comprising the steps of:

inserting an obturator into the lumen of the elongate tubular member; and  
removing the obturator from the lumen of the elongate tubular member.